

B 25C (Official Form 25C) (12/08)

UNITED STATES BANKRUPTCY COURT

In re Pilgrim Medical Center

Debtor

Case No. 16-15414

Small Business Case under Chapter 11

SMALL BUSINESS MONTHLY OPERATING REPORT

Month: December, 2016

Date filed: 06/19/2017

Line of Business: Medical Services

NAISC Code: _____

IN ACCORDANCE WITH TITLE 28, SECTION 1746, OF THE UNITED STATES CODE, I DECLARE UNDER PENALTY OF PERJURY THAT I HAVE EXAMINED THE FOLLOWING SMALL BUSINESS MONTHLY OPERATING REPORT AND THE ACCOMPANYING ATTACHMENTS AND, TO THE BEST OF MY KNOWLEDGE, THESE DOCUMENTS ARE TRUE, CORRECT AND COMPLETE.

RESPONSIBLE PARTY:


Original Signature of Responsible Party

Nicholas V. Campanella, MD

Printed Name of Responsible Party

Questionnaire: (All questions to be answered on behalf of the debtor.)

	Yes	No
1. IS THE BUSINESS STILL OPERATING?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. HAVE YOU PAID ALL YOUR BILLS ON TIME THIS MONTH?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. DID YOU PAY YOUR EMPLOYEES ON TIME?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. HAVE YOU DEPOSITED ALL THE RECEIPTS FOR YOUR BUSINESS INTO THE DIP ACCOUNT THIS MONTH?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. HAVE YOU FILED ALL OF YOUR TAX RETURNS AND PAID ALL OF YOUR TAXES THIS MONTH?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. HAVE YOU TIMELY FILED ALL OTHER REQUIRED GOVERNMENT FILINGS?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. HAVE YOU PAID ALL OF YOUR INSURANCE PREMIUMS THIS MONTH?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. DO YOU PLAN TO CONTINUE TO OPERATE THE BUSINESS NEXT MONTH?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. ARE YOU CURRENT ON YOUR QUARTERLY FEE PAYMENT TO THE U.S. TRUSTEE?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. HAVE YOU PAID ANYTHING TO YOUR ATTORNEY OR OTHER PROFESSIONALS THIS MONTH?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. DID YOU HAVE ANY UNUSUAL OR SIGNIFICANT UNANTICIPATED EXPENSES THIS MONTH?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12. HAS THE BUSINESS SOLD ANY GOODS OR PROVIDED SERVICES OR TRANSFERRED ANY ASSETS TO ANY BUSINESS RELATED TO THE DIP IN ANY WAY?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13. DO YOU HAVE ANY BANK ACCOUNTS OPEN OTHER THAN THE DIP ACCOUNT?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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|---|--------------------------|-------------------------------------|
| 14. HAVE YOU SOLD ANY ASSETS OTHER THAN INVENTORY THIS MONTH? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 15. DID ANY INSURANCE COMPANY CANCEL YOUR POLICY THIS MONTH? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 16. HAVE YOU BORROWED MONEY FROM ANYONE THIS MONTH? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 17. HAS ANYONE MADE AN INVESTMENT IN YOUR BUSINESS THIS MONTH? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 18. HAVE YOU PAID ANY BILLS YOU OWED BEFORE YOU FILED BANKRUPTCY? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

TAXES

DO YOU HAVE ANY PAST DUE TAX RETURNS OR PAST DUE POST-PETITION TAX OBLIGATIONS? ☐ ☒

IF YES, PLEASE PROVIDE A WRITTEN EXPLANATION INCLUDING WHEN SUCH RETURNS WILL BE FILED, OR WHEN SUCH PAYMENTS WILL BE MADE AND THE SOURCE OF THE FUNDS FOR THE PAYMENT.

(Exhibit A)

INCOME

PLEASE SEPARATELY LIST ALL OF THE INCOME YOU RECEIVED FOR THE MONTH. THE LIST SHOULD INCLUDE ALL INCOME FROM CASH AND CREDIT TRANSACTIONS. (THE U.S. TRUSTEE MAY WAIVE THIS REQUIREMENT.)

TOTAL INCOME \$ 157,276.45

SUMMARY OF CASH ON HAND

Cash on Hand at Start of Month	\$ 2,183.76
Cash on Hand at End of Month	\$ 29,027.41

PLEASE PROVIDE THE TOTAL AMOUNT OF CASH CURRENTLY AVAILABLE TO YOU TOTAL \$ 29,027.41

(Exhibit B)

EXPENSES

PLEASE SEPARATELY LIST ALL EXPENSES PAID BY CASH OR BY CHECK FROM YOUR BANK ACCOUNTS THIS MONTH. INCLUDE THE DATE PAID, WHO WAS PAID THE MONEY, THE PURPOSE AND THE AMOUNT. (THE U.S. TRUSTEE MAY WAIVE THIS REQUIREMENT.)

TOTAL EXPENSES \$ 157,194.07

(Exhibit C)

CASH PROFIT

INCOME FOR THE MONTH (TOTAL FROM EXHIBIT B)	\$ 157,276.45
EXPENSES FOR THE MONTH (TOTAL FROM EXHIBIT C)	\$ 157,194.07
(Subtract Line C from Line B) CASH PROFIT FOR THE MONTH	\$ 82.38

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UNPAID BILLS

PLEASE ATTACH A LIST OF ALL DEBTS (INCLUDING TAXES) WHICH YOU HAVE INCURRED SINCE THE DATE YOU FILED BANKRUPTCY BUT HAVE NOT PAID. THE LIST MUST INCLUDE THE DATE THE DEBT WAS INCURRED, WHO IS OWED THE MONEY, THE PURPOSE OF THE DEBT AND WHEN THE DEBT IS DUE. *(THE U.S. TRUSTEE MAY WAIVE THIS REQUIREMENT.)*

TOTAL PAYABLES \$ _____

(Exhibit D)

MONEY OWED TO YOU

PLEASE ATTACH A LIST OF ALL AMOUNTS OWED TO YOU BY YOUR CUSTOMERS FOR WORK YOU HAVE DONE OR THE MERCHANDISE YOU HAVE SOLD. YOU SHOULD INCLUDE WHO OWES YOU MONEY, HOW MUCH IS OWED AND WHEN IS PAYMENT DUE. *(THE U.S. TRUSTEE MAY WAIVE THIS REQUIREMENT.)*

TOTAL RECEIVABLES \$ _____

(Exhibit E)

BANKING INFORMATION

PLEASE ATTACH A COPY OF YOUR LATEST BANK STATEMENT FOR EVERY ACCOUNT YOU HAVE AS OF THE DATE OF THIS FINANCIAL REPORT OR HAD DURING THE PERIOD COVERED BY THIS REPORT.

(Exhibit F)

EMPLOYEES

NUMBER OF EMPLOYEES WHEN THE CASE WAS FILED?	21
NUMBER OF EMPLOYEES AS OF THE DATE OF THIS MONTHLY REPORT?	20

PROFESSIONAL FEES

BANKRUPTCY RELATED:

PROFESSIONAL FEES RELATING TO THE BANKRUPTCY CASE PAID DURING THIS REPORTING PERIOD?	\$ 6,000.00
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TOTAL PROFESSIONAL FEES RELATING TO THE BANKRUPTCY CASE PAID SINCE THE FILING OF THE CASE?	\$ 65,375.00
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NON-BANKRUPTCY RELATED:

PROFESSIONAL FEES NOT RELATING TO THE BANKRUPTCY CASE PAID DURING THIS REPORTING PERIOD?	\$ 14,529.71
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TOTAL PROFESSIONAL FEES NOT RELATING TO THE BANKRUPTCY CASE PAID SINCE THE FILING OF THE CASE?	\$ 33,410.11
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PROJECTIONS

COMPARE YOUR ACTUAL INCOME AND EXPENSES TO THE PROJECTIONS FOR THE FIRST 180 DAYS OF YOUR CASE PROVIDED AT THE INITIAL DEBTOR INTERVIEW.

	Projected	Actual	Difference
INCOME	\$ _____	\$ _____	\$ _____
EXPENSES	\$ _____	\$ _____	\$ _____
CASH PROFIT	\$ _____	\$ _____	\$ _____

TOTAL PROJECTED INCOME FOR THE NEXT MONTH:	\$ 195,000.00
TOTAL PROJECTED EXPENSES FOR THE NEXT MONTH:	\$ 195,000.00
TOTAL PROJECTED CASH PROFIT FOR THE NEXT MONTH:	\$ 0.00

ADDITIONAL INFORMATION

PLEASE ATTACH ALL FINANCIAL REPORTS INCLUDING AN INCOME STATEMENT AND BALANCE SHEET WHICH YOU PREPARE INTERNALLY.

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Cash Basis

PILGRIM MEDICAL CENTER INC Transactions by Account

As of December 31, 2016

Type	Date	Num	Adj	Name	Split	Debit	Credit	Balance
TD Bank-9126 Debtor In Possessi								
Deposit	12/06/2016				Self Pay	895.00		890.20
Deposit	12/06/2016				Self Pay	252.47		1,785.20
Deposit	12/08/2016				Self Pay	780.00		2,037.67
Deposit	12/12/2016				Self Pay	2,410.00		2,817.67
Deposit	12/14/2016				Self Pay	1,873.00		5,227.67
Deposit	12/15/2016				Self Pay	623.00		7,100.67
Check	12/16/2016	1040		Ask Dr. Camp...			910.75	7,723.67
Check	12/16/2016	1041		Ask Dr. Camp...			40.31	6,812.92
Deposit	12/19/2016			Self Pay		813.00		6,772.61
Deposit	12/19/2016			Self Pay		158.00		7,585.61
Check	12/19/2016	1039		Medical Recor...			1,421.93	7,743.61
Check	12/19/2016	1042		Medical Recor...			62.78	6,321.68
Check	12/19/2016	1043		Medical Recor...			725.00	6,258.90
Check	12/19/2016	1044		Medical Recor...			279.05	5,533.90
Check	12/20/2016	1038		Medical Recor...			595.97	5,254.85
Deposit	12/21/2016			Self Pay		1,141.00		4,658.88
Deposit	12/22/2016			Self Pay		174.00		5,799.88
Check	12/22/2016	1046		PETTY CASH	Petty Cash		1,500.00	5,973.88
Check	12/22/2016	1047		Medical Recor...			2,000.00	4,473.88
Check	12/23/2016	1037		Medical Recor...			1,007.61	2,473.88
Total TD Bank-9126 Debtor In Possessi						9,119.47	8,543.40	1,466.27
Valley National Bank								
Deposit	12/02/2016				Credit Card	2,589.60		1,293.56
Check	12/03/2016	1198		Town of Montclair	Security Expen...		300.00	3,883.16
Deposit	12/05/2016				Insurance Pay...	1,000.00		3,583.16
Check	12/05/2016			United Healthcare A...	Medicare Pre...		65.80	4,583.16
Check	12/05/2016			United Healthcare	Medicare Pre...		357.18	4,517.36
Deposit	12/05/2016				Patient Income	1,508.00		4,160.20
Check	12/05/2016			MONTCLAIR SUR...	Transfer to MSS		1,079.60	5,668.20
Deposit	12/08/2016				Patient Income	523.16		4,588.60
Check	12/08/2016			BANKCARD MTOT ...	Credit Card Ex...		478.40	5,111.76
Deposit	12/07/2016				Patient Income	478.40		4,633.36
Deposit	12/08/2016				Insurance Pay...	150.46		5,111.76
Deposit	12/08/2016				Patient Income	1,186.00		5,262.22
Check	12/08/2016			MONTCLAIR SUR...	Transfer to MSS		404.00	6,458.22
Deposit	12/08/2016				Patient Income	172.98		6,054.22
Deposit	12/09/2016				Insurance Pay...	21,705.00		6,227.20
Check	12/09/2016			ADP Payroll Fees	Payroll Fees		15.00	27,932.20
Check	12/12/2016			MONTCLAIR SUR...	Transfer to MSS		1,044.80	27,917.20
Deposit	12/12/2016				Transfer to MSS	10,000.00		26,872.40
Deposit	12/12/2016				Transfer to MPG	10,000.00		38,872.40
Deposit	12/12/2016				Patient Income	322.40		46,872.40
Deposit	12/12/2016				Insurance Pay...	4,232.80		47,194.80
Check	12/13/2016			Payroll Taxes	Payroll Taxes		315.18	51,427.60
Check	12/13/2016			Payroll Taxes	-SPLIT-		14,210.30	51,112.42
Check	12/13/2016			PAYROLL	-SPLIT-		31,584.51	36,902.12
Deposit	12/13/2016				Due To Pilgrim...	6,000.00		5,317.61
Check	12/13/2016	1204		Campanella Law Of...	Legal Fees		6,000.00	11,317.61
Deposit	12/14/2016				Patient Income	889.20		5,317.61
Check	12/15/2016	D.M.		STATE OF NJ CBT	State Business...		375.00	6,206.81
Deposit	12/15/2016				Patient Income	436.80		5,831.81
Deposit	12/16/2016				Insurance Pay...	28,484.00		6,268.61
Check	12/16/2016			Pilgrim Practice Ma...	Due To Pilgrim...		3,000.00	34,732.61
Check	12/16/2016	1205		The Brownstone	Meals and Ent...		1,921.17	31,732.61
Check	12/16/2016	1206		Town of Montclair	Security Expen...		300.00	29,811.44
Deposit	12/19/2016				Patient Income	873.60		29,511.44
Deposit	12/19/2016				Patient Income	1,580.00		30,385.04
Deposit	12/19/2016				Patient Income	9,000.00		31,945.04
Check	12/20/2016			CMS Medicare	Medicare Pre...		504.80	40,945.04
Check	12/20/2016			CMS Medicare	Medicare Pre...		504.80	40,440.24
Deposit	12/21/2016				Patient Income	488.80		39,935.44
Check	12/21/2016	1207		Ilham Abujarour	Outside Servic...		500.00	40,424.24
Check	12/21/2016	1208		ASTACIA ALTAGR...	Outside Servic...		500.00	39,924.24
Check	12/21/2016	1209		Vanessa Cheatham	Outside Servic...		500.00	39,424.24
Check	12/21/2016	1210		Desire Ferera	Office Expense		500.00	38,924.24
Check	12/21/2016	1211		Maureen R. Haly	Outside Servic...		500.00	38,424.24
Check	12/21/2016	1212		DELPHINE JOHNS...	Outside Servic...		750.00	37,924.24
Check	12/21/2016	1213		Charlie Zoppy	Outside Servic...		500.00	37,174.24
Check	12/21/2016	1214		Sandra Lopez	Outside Servic...		1,000.00	36,674.24
Check	12/21/2016	1215		Jose Camilo	Outside Servic...		500.00	35,674.24
Check	12/21/2016	1216		Zoe Nunez	Outside Servic...		500.00	35,174.24
Check	12/21/2016	1217		Cristie Ocars	Outside Servic...		500.00	34,674.24
Check	12/21/2016	1218		Maureen Olmo	Outside Servic...		500.00	34,174.24
Check	12/21/2016	1219		Doris Purpusa	Outside Servic...		500.00	33,674.24
Check	12/21/2016	1220		Dominick Quispe	Outside Servic...		500.00	33,174.24
Check	12/21/2016	1221		Yohanna Rojas	Outside Servic...		750.00	32,674.24

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Cash Basis

PILGRIM MEDICAL CENTER INC
Transactions by Account

As of December 31, 2016

Type	Date	Num	Adj	Name	Split	Debit	Credit	Balance
Check	12/21/2016	1223		Lauren Telas	Outside Serv...		750.00	31,174.24
Check	12/21/2016	1224		Argades Trejo	Outside Serv...		500.00	30,874.24
Check	12/21/2016	1222		Cassie Stein	Outside Serv...		500.00	30,174.24
Deposit	12/22/2016				Patient Income	2,090.40		32,264.64
Deposit	12/23/2016				Insurance Pay...	17,670.00		49,934.64
Check	12/23/2016			ADP Payroll Fees	Payroll Fees		15.00	49,919.64
Deposit	12/27/2016				Patient Income	1,585.00		51,504.64
Deposit	12/27/2016				Patient Income	1,310.40		52,815.04
Deposit	12/27/2016				Insurance Pay...	3,150.00		55,965.04
Check	12/27/2016			MONTCCLAIR PHYS...	Transfer to MPG		91.60	55,873.44
Check	12/28/2016			Payroll Taxes	Payroll Taxes		317.84	55,555.60
Check	12/28/2016			PAYROLL CHECKS	-SPLIT-		31,759.45	23,796.15
Check	12/28/2016			Payroll Taxes	-SPLIT-		14,131.98	9,664.17
Deposit	12/28/2016				Patient Income	3,161.60		12,825.77
Deposit	12/29/2016				Insurance Pay...	770.00		13,595.77
Deposit	12/29/2016				Patient Income	1,695.20		15,290.97
Deposit	12/30/2016				Insurance Pay...	800.00		16,090.97
Deposit	12/30/2016				Insurance Pay...	18,477.00		34,567.97
Check	12/30/2016			Pilgrim Practice Ma...	Due To Pilgrim...		5,000.00	29,567.97
Check	12/31/2016	1226		Ayala Harkesson	Outside Doctors		1,856.83	27,711.14
Check	12/31/2016	1227		Bethany Van Gas	Outside Serv...		150.00	27,561.14
Total Valley National Bank						152,300.80	126,033.22	27,561.14
TOTAL						161,420.27	134,576.62	29,027.41

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06/19/17

Cash Basis

PILGRIM MEDICAL CENTER INC
Profit & Loss
December 2016

	Dec 16
Ordinary Income/Expense	
Income	
Fee for Service Income	157,600.27
Refunds	-323.82
Total Income	157,276.45
Gross Profit	157,276.45
Expense	
Accounting	0.00
Advertising and Promotion	0.00
Ambulatory Assessment Tax	0.00
Ask Dr. Campanella	951.06
Automobile Expense	131.43
Bank Service Charges	0.00
Continuing Education	141.05
Credit Card Expenses	478.40
Dues and Subscriptions	344.09
Equip Lease	0.00
Insurance Expense	5,491.53
Interest Expense	11.99
Licenses and Permits	0.00
Management Fees	950.00
Meals and Entertainment	1,992.73
Medical Records and Supplies	12,721.15
Office Expense	500.00
Office Supplies	2,195.86
Outside Doctors	1,856.83
Outside Services	9,900.00
Payroll Fees	30.00
Payroll Taxes	6,426.42
Petty Cash	1,500.00
Professional Fees	20,529.71
Repairs and Maintenance	251.92
Salaries and Wages	86,979.60
Security Expenses	1,584.35
State Business Taxes	375.00
Supplies	45.40
Telephone Expense	716.68
Utilities	742.19
Waste Removal	346.68
Total Expense	157,194.07
Net Ordinary Income	82.38
Net Income	82.38



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T STATEMENT OF ACCOUNT

PILGRIM MEDICAL CENTER INC
DIP CASE 16-15414 DIST NJ
393 BLOOMFIELD AVE
MONTCLAIR NJ 07042-3505

Page: 1 of 3
Statement Period: Dec 01 2016-Dec 31 2016
Cust Ref #:
Primary Account #:

Chapter 11 Checking

PILGRIM MEDICAL CENTER INC
DIP CASE 16-15414 DIST NJ

Account # 4

ACCOUNT SUMMARY

Beginning Balance	168.20	Average Collected Balance	3,140.35
Deposits	9,841.47	Annual Percentage Yield Earned	0.00%
		Days in Period	31
Checks Paid	8,543.40		
Ending Balance	1,466.27		

	Total for This Period	Total Year-to-Date
Total Overdraft Fees	\$0.00	\$0.00
Total Returned Item Fees (NSF)	\$0.00	\$35.00

DAILY ACCOUNT ACTIVITY

Deposits

POSTING DATE	DESCRIPTION	AMOUNT
12/1	DEPOSIT	722.00
12/6	DEPOSIT	895.00
12/6	DEPOSIT	252.47
12/8	DEPOSIT	780.00
12/12	DEPOSIT	2,410.00
12/14	DEPOSIT	1,873.00
12/15	DEPOSIT	623.00
12/19	DEPOSIT	813.00
12/19	DEPOSIT	158.00
12/21	DEPOSIT	1,141.00
12/22	DEPOSIT	174.00
Subtotal:		9,841.47

Checks Paid

No. Checks: 10

*Indicates break in serial sequence or check processed electronically and listed under Electronic Payments

DATE	SERIAL NO.	AMOUNT	DATE	SERIAL NO.	AMOUNT
12/23	1037	1,007.61	12/19	1042	62.78
12/20	1038	595.97	12/20	1043	725.00
12/19	1039	1,421.93	12/19	1044	279.05
12/16	1040	910.75	12/22	1046*	1,500.00
12/16	1041	40.31	12/22	1047	2,000.00
Subtotal:					8,543.40

DAILY BALANCE SUMMARY

DATE	BALANCE	DATE	BALANCE
11/30	168.20	12/8	2,817.67
12/1	890.20	12/12	5,227.67
12/6	2,037.67	12/14	7,100.67

Call 1-800-937-2000 for 24-hour Bank-by-Phone services or connect to www.tdbank.com

FINANCE CHARGES: Although the Bank uses the Daily Balance method to calculate the finance charges on your Moneyline/Overdraft Protection account (the term "ODP" or "OD" refers to Overdraft Protection), the Bank discloses the Average Daily Balance on the periodic statement as an easier method for you to calculate the finance charge. The finance charge begins to accrue on the date advances and other debits are posted to your account and will continue until the balance has been paid in full. To compute the finance charge, multiply the Average Daily Balance times the Days in Period times the Daily Periodic Rate (as listed in the Account Summary section on the front of the statement). The Average Daily Balance is calculated by adding the balance for each day of the billing cycle, then dividing the total balance by the number of Days in the Billing Cycle. The daily balance is the balance for the day after advances have been added and payments or credits have been subtracted plus or minus any other adjustments that might have occurred that day. There is no grace period during which no finance charge accrues. Finance charge adjustments are included in your total finance charge.



Bank

America's Most Convenient Bank®

STATEMENT OF ACCOUNT


PILGRIM MEDICAL CENTER INC
DIP CASE 16-15414 DIST NJ

Page: 3 of 3
Statement Period: Dec 01 2016-Dec 31 2016
Cust Ref #:
Primary Account #:

DAILY BALANCE SUMMARY

DATE	BALANCE	DATE	BALANCE
12/15	7,723.67	12/21	5,799.88
12/16	6,772.61	12/22	2,473.88
12/19	5,979.85	12/23	1,466.27
12/20	4,658.88		

Call 1-800-937-2000 for 24-hour Bank-by-Phone services or connect to www.tdbank.com

Bank Deposits FDIC Insured | TD Bank, N.A. | Equal Housing Lender 

Valley National Bank



PILGRIM MEDICAL CENTER INC
393 BLOOMFIELD AVE
MONTCLAIR NJ 07042-3741

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Page: 1
Chks Paid: 23
Statement Date: 12/30/16
Account Number:

Indicate to the right any changes of address.
Cut at the dotted line and return this form to:
Valley National Bank, Customer Service Department,
1445 Valley Road, Wayne, NJ 07470

Street: _____
City, State, Zip: _____
Signature: _____

***** BusinessCHECKING 300
Non-Check Transactions

Date	Description	Amount
12/01	BANKCARD BTOT DEP ID: 543469430101030	1,913.60 ✓
12/01	TRANSFER TO CK XXXXXXXX9705	753.60 ✓
12/01	TRANSFER TO CK XXXXXXXX9713	2,000.00 ✓
12/02	SNJ-MED.ASST.PAY MD AST.PAY ID: 0175641AG950896	15,432.00 ✓
12/02	BANKCARD MTOT DISC ID: 543469430101030	309.72 ✓
12/02	TRANSFER TO CK XXXXXXXX9640	16,000.00 ✓
12/05	HORIZON TDU ACH PT ID: ACH010010143201	1,000.00
12/05	UnitedHCMedicare MedInsPymt ID: 0166626911	65.80-
12/05	UnitedHealthcare PREMIUM ID: 3184949601	357.16-
12/05	BANKCARD BTOT DEP ID: 543469430101030	1,508.00
12/05	BANKCARD MTOT DEP ID: 543469430101030	2,589.60 ✓
12/05	TRANSFER TO CK XXXXXXXX9705	1,079.60-
12/06	HORIZON TDU ACH PT ID: ACH010010160996	523.16
12/06	BANKCARD BTOT DEP ID: 543469430101030	478.40-
12/07	BANKCARD BTOT DEP ID: 543469430101030	478.40
12/08	HORIZON TDU ACH PT ID: ACH010010165560	150.46
12/08	BANKCARD MTOT DEP ID: 543469430101030	1,196.00
12/08	TRANSFER TO CK XXXXXXXX9705	404.00-
12/08	Deposit	172.98
12/09	SNJ-MED.ASST.PAY MD AST.PAY ID: 0175641AG955181	21,705.00

Report lost or stolen Valley Visa® Debit Card to: 888-379-9903

See other side for important information.



800-522-4100
valleynationalbank.com

Valley National Bank



PILGRIM MEDICAL CENTER INC
393 BLOOMFIELD AVE
MONTCLAIR NJ 07042-3741

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Page: 2

Statement Date: 12/30/16
Account Number:

Indicate to the right any changes of address.
Cut at the dotted line and return this form to:
Valley National Bank, Customer Service Department,
1445 Valley Road, Wayne, NJ 07470

Street: _____
City, State, Zip: _____
Signature: _____

***** BusinessCHECKING 300

Non-Check Transactions

Date	Description	Amount
12/09	ADP PAYROLL FEES ADP - FEES ID: 2RGH8 7224711	15.00-
12/12	TRANSFER TO CK XXXXXXXX9705	1,044.80-
12/12	TRNSFER FRM CK XXXXXXXX9705	10,000.00
12/12	TRNSFER FRM CK XXXXXXXX9713	10,000.00
12/12	BANKCARD BTOT DEP ID: 543469430101030	322.40
12/12	BANKCARD BTOT DEP ID: 543469430101030	4,232.80
12/13	ADP EEPAY/GARNWC EEPAY/GARN ID: 710046185367GH8	315.18-
12/13	ADP Tax/401k Tax/401k ID: RZGH8 121417A01	14,210.30-
12/13	ADP EEPAY/GARNWC EEPAY/GARN ID: 710046185366GH8	31,584.51-
12/13	TRNSFER FRM CK XXXXXXXX6241	6,000.00
12/14	BANKCARD BTOT DEP ID: 543469430101030	889.20
12/15	BANKCARD MTOT DEP ID: 543469430101030	436.80
12/15	NJ WEB PMT 02101 NJWEB02101 ID: 091000019959527	375.00- ✓
12/16	SNJ-MED.ASST.PAY MD AST.PAY ID: 0175641AG959849	28,464.00
12/16	TRANSFER TO CK XXXXXXXX6241	3,000.00-
12/19	BANKCARD MTOT DEP ID: 543469430101030	873.60
12/19	BANKCARD BTOT DEP ID: 543469430101030	1,560.00
12/19	Deposit	9,000.00
12/20	CMS MEDICARE PREMIUMS ID: 0000	504.80-
12/20	CMS MEDICARE PREMIUMS ID: 0000	504.80-

Report lost or stolen Valley Visa® Debit Card to: 888-379-9903

See other side for important information.



800-522-4100
valleynationalbank.com

Valley National Bank



PILGRIM MEDICAL CENTER INC
393 BLOOMFIELD AVE
MONTCLAIR NJ 07042-3741

0

Page: 3

Statement Date: 12/30/16
Account Number:

Indicate to the right any changes of address.
Cut at the dotted line and return this form to:
Valley National Bank, Customer Service Department,
1445 Valley Road, Wayne, NJ 07470

Street: _____
City, State, Zip: _____
Signature: _____

***** BusinessCHECKING 300
Non-Check Transactions

Date	Description	Amount
12/21	BANKCARD BTOT DEP ID: 543469430101030	488.80
12/22	BANKCARD BTOT DEP ID: 543469430101030	2,090.40
12/23	SNJ-MED.ASST.PAY MD AST.PAY ID: 0175641AG964473	17,670.00
12/23	ADP PAYROLL FEES ADP - FEES ID: 2RGH8 8620728	15.00-
12/27	Deposit	1,585.00
12/27	BANKCARD BTOT DEP ID: 543469430101030	1,310.40
12/27	HORIZON TDU ACH PT ID: ACH010010261116	3,150.00
12/27	TRANSFER TO CK XXXXXXXX9713	91.60-
12/28	ADP EEPAY/GARNWC EEPAY/GARN ID: 746041320376GH8	317.84-
12/28	ADP EEPAY/GARNWC EEPAY/GARN ID: 746041320375GH8	31,759.45-
12/28	ADP Tax/401k Tax/401k ID: RZGH8 122818A01	14,131.98-
12/28	BANKCARD MTOT DEP ID: 543469430101030	3,161.60
12/29	HORIZON TDU ACH PT ID: ACH010010275622	770.00
12/29	BANKCARD BTOT DEP ID: 543469430101030	1,695.20
12/30	AETNA A04 HCCLAIMPMT TRN*1*816362380000122*1066033492	800.00
12/30	SNJ-MED.ASST.PAY MD AST.PAY ID: 0175641AG969022	18,477.00
12/30	TRANSFER TO CK XXXXXXXX6241	5,000.00-

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Valley National Bank

STATEMENT OF ACCOUNT



PILGRIM MEDICAL CENTER INC
393 BLOOMFIELD AVE
MONTCLAIR NJ 07042-3741

0

Page:

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Statement Date: 12/30/16
Account Number:

Indicate to the right any changes of address.
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Valley National Bank, Customer Service Department,
1445 Valley Road, Wayne, NJ 07470

Street:

City, State, Zip:

Signature:

***** BusinessCHECKING 300

Checks in Order

Date	Number	Amount
12/07	1197	300.00
12/14	1198	300.00
	*	
12/13	1201	250.00
	*	
12/14	1204	6,000.00
12/20	1205	1,921.17
12/28	1206	300.00
12/20	1207	500.00
12/21	1208	500.00
12/23	1209	500.00
12/22	1210	500.00
12/30	1211	500.00

Date	Number	Amount
12/21	1212	750.00
12/21	1213	500.00
12/23	1214	1,000.00
12/21	1215	500.00
12/21	1216	500.00
12/21	1217	500.00
12/23	1218	500.00
12/21	1219	500.00
12/27	1220	500.00
12/21	1221	750.00
	*	
12/21	1223	750.00
12/23	1224	500.00

(*) Check Number Missing or Check Converted to Electronic Transaction and Listed Under Non-Check Transactions

Daily Balance Summary

Date	Balance	Date	Balance	Date	Balance
11/30	3,561.28	12/12	51,977.60	12/22	36,564.64
12/01	2,721.28	12/13	11,617.61	12/23	51,719.64
12/02	1,843.56	12/14	6,206.81	12/27	57,173.44
12/05	5,438.60	12/15	6,268.61	12/28	13,825.77
12/06	5,483.36	12/16	31,732.61	12/29	16,290.97
12/07	5,661.76	12/19	43,166.21	12/30	30,067.97
12/08	6,777.20	12/20	39,735.44		
12/09	28,467.20	12/21	34,974.24		

Account Summary

Previous Statement Date: 11/30/16

Beginning Balance	+	Deposits	Interest	+	Paid -	Withdrawals	Service Charge	=	Ending Balance
3,561.28	+	169,646.40		+	.00	143,139.71	.00	=	30,067.97

Report lost or stolen Valley Visa® Debit Card to: 888-379-9903

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Valley National Bank

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Valley National Bank



PILGRIM MEDICAL CENTER INC
393 BLOOMFIELD AVE
MONTCLAIR NJ 07042-3741

0

Page: 5

Statement Date: 12/30/16
Account Number:

Indicate to the right any changes of address.
Cut at the dotted line and return this form to:
Valley National Bank, Customer Service Department,
1445 Valley Road, Wayne, NJ 07470

Street:

City, State, Zip:

Signature:

***** BusinessCHECKING 300

Statement from 12/01/16 Thru 12/30/16
YTD Interest Paid .00

Wishing you peace, joy and happiness this Holiday Season
And in the New Year!

The Valley Visa Gift Card, one size fits all!
Visit a branch or call 24/7 at 800-522-4100 for details.

Report lost or stolen Valley Visa® Debit Card to: 888-379-9903

See other side for important information.

Valley National Bank

800-522-4100
valleynationalbank.com



PILGRIM MEDICAL CENTER INC
223 BLOOMINGDAVE
MONTICELLO, NY 12543-2111

DATE: 12/7/16

FOR: *Transferred to Dr. [illegible]*

AMOUNT: \$300.00

ISSN: 12345678
Date/Time: 12/7/2016 1:05 PM
Valley National Bank 021201383
Branch: 169 Teller: 2254

Check#: 1197, Amount: \$300.00, Date: 12/7

PILGRIM MEDICAL CENTER INC
223 BLOOMINGDAVE
MONTICELLO, NY 12543-2111

DATE: 12/14/16

FOR: *Transferred to Dr. [illegible]*

AMOUNT: \$300.00

ISSN: 12345678
Date/Time: 12/14/2016 1:09 PM
Valley National Bank 021201383
Branch: 169 Teller: 2255

Check#: 1198, Amount: \$300.00, Date: 12/14

PILGRIM MEDICAL CENTER INC
223 BLOOMINGDAVE
MONTICELLO, NY 12543-2111

DATE: 12/13/16

FOR: *New Jersey Department of Health*

AMOUNT: \$250.00

ISSN: 12345678
Date/Time: 12/13/2016 10:59 AM
Valley National Bank 021201383
Branch: 169 Teller: 0925

Check#: 1201, Amount: \$250.00, Date: 12/13

PILGRIM MEDICAL CENTER INC
223 BLOOMINGDAVE
MONTICELLO, NY 12543-2111

DATE: 12/14/16

FOR: *Transferred to Dr. [illegible]*

AMOUNT: \$6,000.00

ISSN: 12345678
Date/Time: 12/14/2016 10:59 AM
Valley National Bank 021201383
Branch: 169 Teller: 0925

Check#: 1204, Amount: \$6,000.00, Date: 12/14

PILGRIM MEDICAL CENTER INC
223 BLOOMINGDAVE
MONTICELLO, NY 12543-2111

DATE: 12/20/16

FOR: *The Bruno Stone*

AMOUNT: \$1,921.17

ISSN: 12345678
Date/Time: 12/20/2016 12:55 PM
Valley National Bank 021201383
Branch: 169 Teller: 2255

Check#: 1205, Amount: \$1,921.17, Date: 12/20

PILGRIM MEDICAL CENTER INC
223 BLOOMINGDAVE
MONTICELLO, NY 12543-2111

DATE: 12/28/16

FOR: *Transferred to Dr. [illegible]*

AMOUNT: \$300.00

ISSN: 12345678
Date/Time: 12/28/2016 12:55 PM
Valley National Bank 021201383
Branch: 169 Teller: 2255

Check#: 1206, Amount: \$300.00, Date: 12/28



PILGRIM MEDICAL CENTER INC
290 ELOOMFIELD AVE
MONTICELLO, NJ 07043-5111

DATE: 12/21/16

PAY TO THE ORDER OF: *Charles E. Egan* \$ 500.00

FOR: *James Egan*

122016 1809 873476 6756 0000000000000915

Check#:1213, Amount:\$500.00, Date:12/21

PILGRIM MEDICAL CENTER INC
290 ELOOMFIELD AVE
MONTICELLO, NJ 07043-5111

DATE: 12/23/16

PAY TO THE ORDER OF: *Samuel Egan* \$ 1000.00

FOR: *James Egan*

20161222-004900060327-06000484001

Check#:1214, Amount:\$1,000.00, Date:12/23

PILGRIM MEDICAL CENTER INC
290 ELOOMFIELD AVE
MONTICELLO, NJ 07043-5111

DATE: 12/21/16

PAY TO THE ORDER OF: *James Egan* \$ 500.00

FOR: *James Egan*

122016 1809 873476 6756 0000000000000915

Check#:1215, Amount:\$500.00, Date:12/21

PILGRIM MEDICAL CENTER INC
290 ELOOMFIELD AVE
MONTICELLO, NJ 07043-5111

DATE: 12/21/16

PAY TO THE ORDER OF: *James Egan* \$ 500.00

FOR: *James Egan*

122016 1809 873476 6756 0000000000000915

Check#:1216, Amount:\$500.00, Date:12/21

PILGRIM MEDICAL CENTER INC
290 ELOOMFIELD AVE
MONTICELLO, NJ 07043-5111

DATE: 12/21/16

PAY TO THE ORDER OF: *Charles E. Egan* \$ 500.00

FOR: *James Egan*

122016 1787 873162 2908 0000000000000957

Check#:1217, Amount:\$500.00, Date:12/21

PILGRIM MEDICAL CENTER INC
290 ELOOMFIELD AVE
MONTICELLO, NJ 07043-5111

DATE: 12/23/16

PAY TO THE ORDER OF: *Charles E. Egan* \$ 500.00

FOR: *James Egan*

122016 1787 873162 2908 0000000000000957

Check#:1218, Amount:\$500.00, Date:12/23